STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315017	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	**230 E RIDGEWOOD AVE , PARAMUS, New Jersey, 07652**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS Federal Initial Comments (FOO) COMPLAINT #: 2665060 CENSUS:358 SAMPLE SIZE: 3 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F0000		
F0842 SS = D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5),483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F0842		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F0842 SS = D	Continued from page 1 §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations	F0842		

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F0842 SS = D	Continued from page 2 conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is NOT MET as evidenced by: Complaint # 2665060 Based on interviews, medical record review, and review of pertinent facility documentation, it was determined on 11/18/25, that the facility failed to ensure the U.S. FOIA (b)(6)) flow sheets were complete and accurate. this deficient practice was identified for 2 of 3 residents reviewed for resident accuracy (Resident #1, and Resident #2). The findings were as followed: 1.A review of the Admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to; NJ Exec Order 26.4b1 A review of Resident #1's comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Orde, indicating that the resident's NJ Exec Order 26.4b1 . A review of Resident #1's care plan with an original date of NJ Exec Orde revealed that the resident needed assistance with 'NJ Exec Order 26.4b1 A review of Resident #1's U.S. FOIA Flow Sheet a form utilized for NJ Ex Order 26.4(b)(1)) care by the U.S. FOIA(7 for NJ Exec Order 26.4b1, revealed multiple blank sections where care tasks were not recorded. These blank areas further revealed that the CNAs did not document care was provided, as follows: The ability to maintain NJ Ex Order 26.4(b)(1), including NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4 NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4 NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4 NJ Ex Order	F0842		

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F0842 SS = D	Continued from page 3 NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1) were blank on NJ Ex Order 26.4(b)(1) on the day shifts. The ability to maintain NJ Exec Order 26.4b1, NJ Exec Or NJ Exec Order 26.4b1 . If managing an NJ Exec Order 26.4b1 but not managing equipment were blank on NJ Ex Order 26.4(b)(1) on the day shift. The ability to maintain NJ Exec Order 26.4b1, NJ Exec Or NJ Exec Or . If managing an NJ Exec Order 26.4b1 but not managing equipment were blank on NJ Ex Order 26.4(b)(1) on the night shift. The ability to NJ Ex Order 26.4(b)(including NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)). Does not include NJ Ex Order 26.4(b)(1) and NJ Ex Order 2 was blank on NJ Ex Order 26 during the night shift The ability to NJ Ex Order 26.4(b)(1), including NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) were blank on NJ Ex Order 26.4(b)(1) on the night shift. On 11/12/25 at 10:50 AM, an interview was conducted with the U.S. FOIA, who revealed that the CNAs were responsible for providing the residents with NJ Ex Order 26.4 The U.S. FOIA further revealed that all tasks were required to be documented in the Point of Care (POC) system. On 11/12/25 at 11:00AM, an interview was conducted with the U.S. FOIA (b)(6), who stated that it was the expectation that the CNAs documented in the POC and that the assigned nurses reviewed and confirmed the documentation. On 11/12/25 at 2:04 PM, an interview was conducted with	F0842		

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F0842 SS = D	Continued from page 4 the U.S. FOIA (b)(6)) who stated that all nursing staff was responsible for the resident's care. The U.S. FOIA (b) further revealed that CNAs document all care in the POC and the U.S. FOIA (b) also confirmed that there should not be any blanks in the POC. 2.A review of Resident #2's Admission Record (AR) revealed on NJ Exec Order 26, that the section designated for the resident's medical diagnoses was left blank. A review of Resident #2's Medication Administration Record for NJ Exec Order 26.4b1, revealed in the section designated for diagnoses that the resident had diagnoses, that included but were not limited to; NJ Exec Order 26.4b1 . A review of Resident #2's comprehensive MDS dated NJ Exec Order , revealed that the resident had a BIMS score of NJ Exec Order 2, indicating that the resident's NJ Exec Order 26.4b1 NJ Exec Or A review of Resident #2's care plan with an original date of NJ Ex Order 26 revealed that the resident had NJ Exe , dx. (diagnosis) NJ Exec Order 26.4b1 The resident was NJ Exec Order 26.4b1 . A review of Resident #2's CNA Flow Sheet for NJ Exec Order 26.4b , revealed multiple blank sections where care tasks were not recorded. These blank areas further revealed that the U.S. FOIA (b) did not document care provided as follows: The ability NJ Ex Order 26.4(b)(1) , including NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) were blank on NJ Ex Order 26.4(b)(1) on the night shift. The ability to NJ Ex Order 26.4(b)(1) , including NJ Ex Order 26.4(b)(1)	F0842		

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F0842 SS = D	Continued from page 5 NJ Ex Order 26.4 were blank on NJ Ex Order 26.4(b)(1) [redacted] on the day shift. The ability to NJ Ex Order 26.4(b)(1) , including NJ Ex Order 26.4(b)(1) [redacted] (NJ Ex Order 26.4(b)(1) [redacted]) were blank on NJ Ex Order 26.4(b)(1) [redacted] on the afternoon shift. The ability to NJ Ex Order 26.4(b) , including NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)). Does not include NJ Ex Order 26.4(b)(1) and NJ Ex Order 2 were blank on NJ Ex Order 26.4(b)(1) [redacted] on the night shift. The ability to NJ Ex Order 26.4(b)(including NJ Ex Order 26.4(b)(1) [redacted] (NJ Ex Order 26.4(b)(1)). Does not include NJ Ex Order 26.4(b)(1) and NJ Ex Order 2 were blank on NJ Ex Order 26.4(b)(1) [redacted] on the day shift. The ability to NJ Ex Order 26.4(b)(, including NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)). Does not include NJ Ex Order 26.4(b)(1) and NJ Ex Order 2 were on NJ Ex Order 26.4(b)(1) [redacted] on the afternoon shift. On 11/12/25 at 10:50 AM, an interview was conducted with the U.S. FOIA , who revealed that the CNAs were responsible for providing the residents with NJ Ex Order 26.4 [redacted]. The U.S. FOIA further revealed that all NJ Ex Ord were required to be documented in the Point of Care (POC) system. On 11/12/25 at 11:00AM, an interview was conducted with the U.S. FOIA (b)(6) , who stated that it was the expectation that the CNAs documented in the POC and that the assigned nurses reviewed and confirmed the documentation. On 11/12/25 at 2:04 PM, an interview was conducted with	F0842		

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F0842 SS = D	Continued from page 6 the [redacted] who stated that all nursing staff was responsible for the resident's care. The [redacted] further revealed that CNAs documented all care in the POC and also confirmed that there should not be any blanks in the POC. A review of the facility's policy titled "ADL [Activity of Daily Living], Functional Abilities and Self Care" with a revision date of 1/2025, under "Monitoring and Documentation" item1 indicated "Record ADL/Functional Abilities assistance in the Point of Care in the EMR [electronic medical record].	F0842		

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S0000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S0000		
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint # 2665060 Based on interviews and review of facility documents on 11/2/25 to 11/8/25 it was determined that the facility failed to ensure staffing ratios were met for 8 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each	S0560		

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S0560	Continued from page 1 direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of staffing prior to survey from 11-2-25 to 11-9-25, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows: -11/02/25 had 40 CNAs for 355 residents on the day shift, required at least 44 CNAs. -11/03/25 had 39 CNAs for 355 residents on the day shift, required at least 44 CNAs. -11/07/25 had 39 CNAs for 355 residents on the day shift, required at least 44 CNAs. -11/08/25 had 39 CNAs for 355 residents on the day shift, required at least 44 CNAs. -11/09/25 had 32 CNAs for 355 residents on the day shift, required at least 44 CNAs. -11/10/25 had 42 CNAs for 357 residents on the day shift, required at least 45 CNAs. -11/13/25 had 42 CNAs for 356 residents on the day shift, required at least 44 CNAs. -11/15/25 had 39 CNAs for 356 residents on the day shift, required at least 44 CNAs.	S0560		